



# The effect of ginger and metoclopramide in the prevention of nausea and vomiting during and after surgery in cesarean section under spinal anesthesia

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## Objective

Postoperative nausea and vomiting is one of the most common side effects after anesthesia in surgeries, such as cesarean section. This study aimed to investigate the effect of ginger and metoclopramide in the prevention of nausea and vomiting during and after cesarean section.

## Methods

This clinical trial was conducted on 180 patients aged 18–40 years who underwent cesarean section under spinal anesthesia. The first group received 10 mg of metoclopramide via intravenous injection (metoclopramide group), and the second group received 1 g of oral ginger (ginger group) half an hour before spinal anesthesia. The frequency and severity of nausea and vomiting during surgery and at 2, 6, 12, and 24 hours postoperatively were compared in both groups. To analyze the results, the *t*-test, chi-square test, and Mann-Whitney test were used.

## Results

There was no significant difference in the frequency of nausea and vomiting between the 2 groups during operation, 2 hours and 6 hours after surgery ( $P=0.182$ ,  $0.444$  and  $0.563$  respectively). The severity of nausea and vomiting was also similar in the 2 groups ( $P=0.487$  and  $0.652$  respectively); however, the metoclopramide group had a lower systolic blood pressure ( $P<0.001$ ;  $df=2.176$ ;  $f=18.66$ ) and mean arterial pressure ( $P<0.001$ ;  $df=2.176$ ;  $f=6.36$ ) than the ginger group.

## Conclusion

The results revealed that ginger reduced nausea and vomiting to the same extent as metoclopramide in patients undergoing cesarean section.

## Trial Registration

Iranian Center for Clinical Trials Identifier: IRCT201611028611N3

**Keywords:** Cesarean section; Spinal anesthesia; Metoclopramide; Ginger

## Introduction

Cesarean section is one of the most common surgical procedures conducted on women. Cesarean delivery is the delivery of a fetus through an incision into the abdominal cavity (laparotomy) and uterine wall (hysterotomy) [1].

Currently, a large number of cesarean sections are per-

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